

PERMITTEE NAME/ADDRESS:

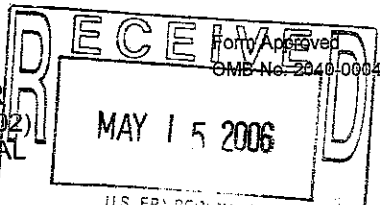
NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL



FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 06 | 04 | 01 TO 06 | 04 | 30

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	10.9	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.3	(04)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	1.7	*****	*****	(19)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	51069	*****	(26)	*****	213	*****	(19)	N/A	FOUR/WEEK	COMP24 1)
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	38217	(26)	*****	*****	165	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	32869	33486	(26)	*****	137	145	(19)	0	FOUR/WEEK	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.7	(12)	N/A	FOUR/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
J. Kris Warren
Director, Treatment Division
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
J. Kris Warren
TELEPHONE (907)564-2799
DATE 06/05/08
AREA CODE NUMBER
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days. 1) See footnote on page 2.

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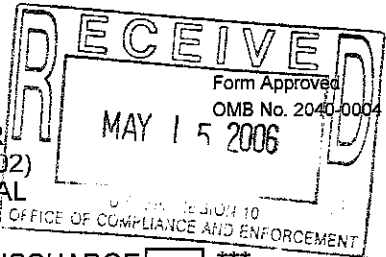
NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUBR 02)
F - FINAL



FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 06 | 04 | 01 TO 06 | 04 | 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	***	6.6	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	52792	*****	(26)	*****	220	*****	(19)	N/A	FOUR/WEEK	COMP24 1)
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	16720	(26)	*****	*****	70	(19)	0	FOUR/WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13292	14057	(26)	*****	55	57	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	19.9	*****	(19)	N/A	ONCE/MONTH	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	*****	44	*****	(30)	0	THREE/WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	28.777	*****	(03)	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
00610 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
FECAL COLIFORM, MPN, EC MED, 44.5C	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
31615 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR
PERMIT REQUIREMENT	*****	*****	*****	***	*****	*****	*****	****		CONTINUOUS	RCORDR

J. Kris Warren Director, Treatment Division TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE	DATE
			(907)564-2799	06/05/08
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
1) 4/11/06 influent composite - influent autosampler malfunctioned and operators hand time-composited from about 1800 on.

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

AK0022551
PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

MONITORING PERIOD

FROM	06	04	01	TO	06	04	30
------	----	----	----	----	----	----	----

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

FACILITY: JOHN M. ASPLUND WWTF----301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

[illegible]

RECEIVED
MAY 15 2006
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 35 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)
J. Kris Warren	
Director, Treatment Division	
TYPED OR PRINTED	

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OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
(907)564-2799	06/05/08
AREA CODE NUMBER	YEAR MO DAY

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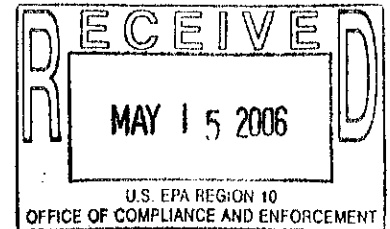
Forms by WindowChem(707)864-0845;p/n11090v5.01;4/1/96. Rev. 1/05. BN

1) Missed three chlorine residual tests on 4/5/06 (no tests taken between 0600 and 1800). Missed one chlorine residual test on 4/7/06 (no tests taken between 0554 and 1038). Sample pump was being worked on and no effluent sample was available.

ASPLUND

Wastewater Treatment Facility

Monitoring Period
2006



☐ JANUARY

☐ JULY

☐ FEBRUARY

☐ AUGUST

☐ MARCH

☐ SEPTEMBER

☒ APRIL

☐ OCTOBER

☐ MAY

☐ NOVEMBER

☐ JUNE

☐ DECEMBER